



SEASONAL BOOKING 2023

CONTACT PERSON							
Person Name:							
Person Position:							
Person Phone:							
Person Email:							
CLUB DETAILS							
Club Name:							
Club Postal Address:							
Club Email:							
BOOKING DETAILS							
Booking start date:				Booking end date:			
Reserve requested:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times Required							
Entire reserve required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected adult attendance							
Expected children attendance							
Reserve requested:							
	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Times Required							
Entire reserve required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Expected adult attendance							
Expected children attendance							

Any dates that you do not require the reserve (school holidays, public holidays etc.)
Other information relevant to your booking:
DECLARATION & CHECKLIST
<input type="checkbox"/> All information provided is true and correct. <input type="checkbox"/> I have read, understood and agree to abide by the Town of Mosman Park's "Terms and Conditions of Use for Public Open Space". <input type="checkbox"/> In signing this form, I indemnify the Town of Mosman Park against all claims resulting from any damage, theft, death or injury in connection with my booking, except to the extent that damage, death or injury are due to any negligent act or omission by the Town of Mosman Park. Name: Signature: Date:
REQUIRED DOCUMENTATION
<input type="checkbox"/> Copy of your Public Liability Insurance to the value of \$10 million <input type="checkbox"/> Notification of a Temporary Food Premises (if required) <input type="checkbox"/> Application for Line Marking (if required)